



## **DUI Alcohol or Drug Use Risk Reduction Program Instructor Checklist**

**PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED**

- ☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants are required to complete all sections of the application.
- ☐ All applicants must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ Submit (1) photograph taken within 30 days of application submission.
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit a copy of your high school diploma, GED equivalent or official college transcript.
- ☐ Submit documentation of relevant work experience on company letterhead, signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught and hours per week worked. Relevant work experience must include the following:
  - a) an undergraduate or graduate degree from an accredited college or university in a human service related field; **or**
  - b) an undergraduate degree in any field of study from an accredited institution, and two years of work experience (20 hours per week or more) of teaching, counseling or training experience or three years part-time training experience; **or**
  - c) at least two years of full-time work experience as a licensed, certified, or credentialed substance abuse counselor with at least 6 months of experience in group counseling or group facilitation.
- ☐ Review the upcoming training dates and application deadlines on the DDS website under the Forms and Manuals section ([www.dds.ga.gov](http://www.dds.ga.gov)).

### **STATEMENT OF COMPLETION**

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

### **STATEMENT OF ACKNOWLEDGEMENT**

I understand I must be approved by the DDS to attend the Prevention Research Institute (PRI) instructor course. The training course is provided by PRI and a \$700.00 fee will be due on the first day of training. I have checked the DDS website for upcoming training dates and application submission deadlines. Furthermore, I understand my application may be rejected if it is submitted outside the submission periods. If I am approved to attend the training and fail to attend, I understand my application will be denied and I must reapply.

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Printed Name

Legal Signature

Date

**Please submit application and all supporting documents to:  
Georgia Department of Driver Services  
Attn: Regulatory Compliance Division  
2206 East View Parkway  
Conyers, GA 30013**

**An application drop box is also available at the entrance of the Conyers Customer Service Center.**



# **DUI Alcohol or Drug Use Risk Reduction Program Instructor Application**

## **SECTION 1: Applicant Information**

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Last Name	First Name	Middle Name	Suffix
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Date of Birth	Driver's License #	State of Issuance	Social Security #
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Home Phone Number	Cell Phone Number	Work Phone Number
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Email Address

☐ **I would prefer all correspondence be mailed to the mailing address above.  
Unless the box is checked, all correspondence will be emailed to the email address provided.**

**1.1** Have you been fingerprinted within the past six (6) months for any other DDS program (i.e. driver training, driver improvement)?  
☐ Yes ☐ No

**1.1.1** If you answered "Yes" to question 1.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

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Program(s)	Date(s)
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**1.2** Are you currently, or have you ever been, certified by DDS as a risk reduction program owner, director or instructor in the state of Georgia?  
☐ Yes ☐ No

**1.2.1** If you answered "Yes" to question 1.2, list your certification number or the program name(s):

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**1.3** Are you currently, or have you ever been, certified by DDS as a driver improvement or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?  
☐ Yes ☐ No

**1.3.1** If you answered "Yes" to question 1.3, indicate your certification type(s) and certification number(s):

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**1.4** Have you ever been certified by Prevention Research Institute, Inc. (PRI) to instruct any of their curricula?  
☐ Yes ☐ No

**1.4.1** If you answered "Yes" to question 1.4, provide the name of the curriculum you were certified by PRI to instruct and the date you received that certification.

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Name of Curriculum	Version	Date Certified
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## **SECTION 2: Applicant Qualifications**

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**2.1** Are you a United States citizen?

☐ Yes ☐ No

**2.1.1** If you answered "No" to question 2.1, are you legally present in the United States?

☐ Yes ☐ No

**NOTE:** *Acceptable proof of citizenship or lawful presence may be required.*

**2.2.** Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

**2.3** Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

**2.4** Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

**2.5** Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

**2.6** Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

**2.7** Are you at least 21 years of age?

☐ Yes ☐ No

## **SECTION 3: Criminal History**

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**3.1** Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony in this or any other state?

☐ Yes ☐ No

**3.2** Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application in this or any other state?

☐ Yes ☐ No

**3.3** Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application in this or any other state?

☐ Yes ☐ No

**3.4** Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No



**3.4.1** If you answered “Yes” to question 3.4, give the nature of probation in the area below.

Offense	State and County	Date
Offense	State and County	Date

**3.5** Are there any criminal charges currently pending against you?

☐ Yes ☐ No

**3.5.1** If you answered “Yes” to question 3.5, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

**3.6** In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, nolle prossed, or no-billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

**3.7** Have you received a pardon for any of the offenses listed in question 3.6 above?

☐ Yes ☐ No

**3.7.1** If you answered “Yes” to question 3.7, attach a copy of the pardon.

## **SECTION 4: Driving History**

**4.1** Do you currently possess a valid driver’s license?

☐ Yes ☐ No

**4.2** In the area provided below, list your driver’s license information for the past five (5) years, including any previous states.

Driver’s License Number	State	Expiration Date	Years Licensed in State

**4.3** Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

**4.4** Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?



☐ Yes ☐ No

**4.5** Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

**4.5.1** If you answered "Yes" to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

State	Reason	Date

**4.6** In the space provided below, list your complete driver's history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

**4.7** Are there any traffic charges currently pending against you?

☐ Yes ☐ No

**4.7.1** If you answered "Yes" to question 4.7, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

## **SECTION 5: Educational Experience**

Name of High School	City/State	Diploma Obtained	GED	Date Obtained
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree Obtained	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



## **SECTION 6: Applicant Affirmation**

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations and operations guidelines.

I understand that DDS will list my name and address as public record.

I hereby authorize the release to DDS of any information necessary for the determination of my application for instructor certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

***I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.***

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**Legal Signature**

**Date**

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

**(SEAL)**

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Notary

**Georgia Department of Driver Services**  
**Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013**

**CONSENT FOR BACKGROUND INVESTIGATION**

<b>OFFICE USE ONLY</b> FILE NUMBER:	<b>OFFICE USE ONLY</b> DATE APPLICATION RECEIVED:	<b>OFFICE USE ONLY</b> <b>BACKGROUND</b> <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	<b>OFFICE USE ONLY</b>
<b>OFFICE USE ONLY</b>			

**APPLICANT TYPE: (OFFICE USE ONLY)**

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)  / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)?  Yes      No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

**THIS CONSENT FORM MUST BE NOTARIZED**

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: